

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534017

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2				1			
3					1		
4						1	
5							1
6							
7							
8							
9			1				
10				1			
11					1		
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49							
50							
TOTAL IND.			2				
TOTAL DEP.			9				
TOTAL CLAIMS			11				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							